

Date of VS-21A: _____ **State Case Number:** _____

City/Town: _____ Local Use: _____ War Code: _____

Applicant's Name: _____ Relation to Vet: _____ App's Phone #: _____

Applicant's DOB: _____ Veteran's Name (if not App): _____

Address: _____ Neighborhood: _____ Zip Code: _____

[illegible]

**** See 108 CMR 4.02(3) for submission time limits.**

Authorized: _____ **Denied:** _____ **Edited & Approved:** _____ **Authorizer's Comments:** _____

Authorizer's Signature: _____ **Date:** _____

| | | | | | |
|---|--------------------------------|---|--|--|--|
| Is This a Medical Only Case? Yes No | | <u>This Block for State Office Use Only!</u> | | MONTHLY INCOME CHART | |
| MONTHLY SCHEDULE OF BENEFITS CHART <u>All-Purpose Schedule of Benefits #:</u> _____ | | | | <u>V.A. Benefits</u> | |
| #1 | Budget Amount: _____ | | | Comp. | Or Pen. → Applicant: _____ |
| #2 | Rent Amount: _____ | | | Comp. | Or Pen. → Spouse: _____ |
| #3 | Children's Budget: _____ | | | <u>Social Security:</u> | → Applicant: _____ |
| #4 | Leisure Time: _____ | | | <u>Social Security:</u> | → Spouse: _____ |
| #5 | Personal Needs: _____ | | | Total for Children: _____ | |
| #6 | Total Ordinary Benefits: _____ | | | <u>Soc. Sec. Disability:</u> | → Applicant: _____ |
| #7 (Unheated or "Med. Only") Fuel: | _____ | | | <u>Soc. Sec. Disability:</u> | → Spouse: _____ |
| <i>Continue Below For "Medical Only" Cases</i> | | | | Total for Children: _____ | |
| #8 | Sum of #6 & #7 = _____ | | | <u>S.S.I.</u> | → Applicant: _____ |
| #9 | Enter 10% of #8 = _____ | | | <u>S.S.I.</u> | → Spouse: _____ |
| #10 Sum of #8 & #9 (Med. Only Budg.) | _____ | | | <u>Retirement:</u> | → Applicant: _____ |
| | | | | <u>Retirement:</u> | → Spouse: _____ |
| ▼ Wage Calculations per 108 CMR 6.01(4), or Per Diem Calculations Per 108 CMR 2.02 ▼ | | Total Budget Benefits _____ Minus – Income: _____ Ord. Ben. Allowed: _____ Fuel Allowed: _____ Excess Income: _____ | | In Each Block Enter Total for Applicant, Spouse and Children and Attach Explanation! | > Countable Wages: > Unemployment: > Workmen's Comp: > Sick Leave Benefits: > Long-Term Disability: > Other Income: |
| | | | | | Total Income: _____ |
| VETERANS' SERVICES OFFICER/AGENT'S COMMENTS (<u>Use Additional Sheet If Needed</u>): | | | | | |

Printed/Typed Name of VSO: